

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive
Suite 1600
Costa Mesa, California 92626-7130
(714)540-8700
Facsimile:(714)540-9823

RECEIVED
CENTRAL FAX CENTER

SEP 21 2006

FACSIMILE COVER SHEET

TO: Examiner: Yalkew Fantu
Group Art Unit: 2838

FROM: John D. Magluyan, Reg. No. 56,867

RE: U.S. Application No. 10/758,192
Attorney Docket No. 00862.023408.

FAX NO.: (571) 273-8300

DATE: September 21, 2006 **NO. OF PAGES:** 16
(including cover page)

TIME: 3:01 P.M. **SENT BY:** Charise/ls

MESSAGE

Attached are the following papers for the above-identified application:

1. Amendment; and
2. Transmittal for Amendment.

I hereby certify that this correspondence is being facsimile transmitted via facsimile to the U.S. Patent and Trademark Office at (571) 273-8300. on:

September 21, 2006
(Date of Deposit)

John D. Magluyan, Reg. No. 56,867
(Name of Attorney for Applicant)


Signature

September 21, 2006
Date of Signature

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

RECEIVED
CENTRAL FAX CENTER

SEP 21 2006

PATENT APPLICATION

00862.023408.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIDEO HORIGOME) Examiner: Yalkew Fantu
Application No.: 10/758,192) Group Art Unit: 2838
Filed: January 16, 2004)
For: ELECTRIC CHARGING)
APPARATUS, ELECTRONIC)
APPARATUS AND)
ELECTRONIC CHARGING)
CONTROL METHOD) September 21, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 22, 2006, please amend the
above-identified application, as follows:

I hereby certify that this correspondence is being transmitted via facsimile
to the U.S. Patent and Trademark Office at (571) 273-8300, on:

September 21, 2006
(Date of Transmission)

John D. Magluyan, Reg. No. 56,867
(Name of Attorney for Applicant)


Signature

September 21, 2006
Date of Signature

In re Application of:

HIDEO HORIGOME

Application No.: 10/758,192

Filed: January 16, 2004

For: ELECTRIC CHARGING APPARATUS, ELECTRONIC
APPARATUS AND ELECTRONIC CHARGING
CONTROL METHODMail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11	MINUS	20	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	6	MINUS	6	= 0	x \$100 \$200	\$.00
Fee for Multiple Dependent claims \$180°/\$360						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


John D. Magluyan
Attorney for Applicant
Registration No.: 56,867

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

CA_MAIN 120155v1

Page 2 of 2